



## **TARCEVA PA SUMMARY**

**STATUS:** Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for members with a diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) who have tried a previous chemotherapy regimen for NSCLC
- ❖ Also approvable for members with NSCLC whose metastatic tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 substitution mutations as detected by an FDA-approved test
- ❖ Approvable for the diagnosis of locally advanced, unresectable, or metastatic pancreatic cancer when used in combination with gemcitabine.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.